



Anticipated Collections Addendum from Non-Federal Sources

Please provide the information requested in the table below. This information will be used to complete your Memorandum of Agreement (MOA). See Page 2 for additional instructions and an explanation of terms.

1. Agency Information	
Agency Name:	Washington State Department of Licensing
Tax Identification Number (TIN):	N/A
Data Universal Numbering System (DUNS) or Business Partner Network (BPN) Number:	N/A
2. Billing (Accounts Payable) Point of Contact (POC) Information	
Name:	Wendy Walker
Phone Number (xxx-xxx-xxxx):	360-902-4089
Fax Number (xxx-xxx-xxxx):	N/A
E-mail Address:	wewalker@dol.wa.gov
Address:	1125 Washington Street SE
Address (2nd line):	PO Box 9030
City, State, Zip Code:	Olympia, WA 98507
3. Customer Payment and Budgeting Information	
Purchase Commitment Number:	
Payment Method:	Warrant
Amount Obligated (Budgeted):	\$300
Funds Expiration Date:	6/30/2019
4. Program POC	
Name:	Wendy Walker
Phone Number (xxx-xxx-xxxx):	360-902-4089
E-mail Address:	wewalker@dol.wa.gov


This addendum will commence as soon as all signatures are obtained in accordance with the Memorandum of Agreement. Both parties must agree to any amendments prior to their implementation in accordance with the Memorandum of Agreement.


Tamara L. Dohrman
Assistant Director Administrative Services

6/1/2017

Date

Internal SAVE Use ONLY
Agency High Level Identifier:


Alissar Rahi
Chief, SAVE Program, DHS USCIS

6/2/17

Date